# Criteria Based Consultation Prescribing Program
# CRITERIA FOR DRUG COVERAGE
## methylphenidate ER (Quillivant XR®)

Non-formulary **methylphenidate ER (Quillivant XR®)** will be covered on the prescription drug benefit when the following criteria are met:

- Diagnosis of ADHD or ADD

  **-AND-**

**1) For patients under age 21:**

- Patient has documented intolerance or contraindication to sprinkle formulations and is unable to swallow whole tablets

  **-OR-**

- Patient is already stable on the drug

**2) For patients 21 years of age not currently taking Quillivant XR:**

- Adequate trial** (7 days) of methylphenidate ER (Metadate CD) or methylphenidate ER (Ritalin LA), **unless** allergy to an inactive ingredient

  **-AND-**

- Adequate trial** (7 days) of methylphenidate ER (Concerta) (must have at least partial response), **unless** allergy to an inactive ingredient

**3) For patients currently taking Quillivant XR:**

- Adequate trial** (7 days) of methylphenidate ER (Metadate CD) or methylphenidate ER (Ritalin LA), **unless** allergy to an inactive ingredient or currently taking methylphenidate ER (Quillivant XR) with an antipsychotic or mood stabilizer (lithium or an antiepileptic drug used for mood stabilization)

  **-AND-**

- Adequate trial** (7 days) of methylphenidate ER (Concerta) (must have at least partial response), **unless** allergy to an inactive ingredient or currently taking methylphenidate ER (Quillivant XR) with an antipsychotic or mood stabilizer (lithium or an antiepileptic drug used for mood stabilization)

  **-OR-**

- Dose change only: patient meets current criteria and is already taking the drug

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** Adequate trial of a long acting agent is further defined as wearing off that is not resolved by increasing the dose, AND adding a short-acting agent OR increasing frequency to twice daily OR clinically significant side effects related to the dosage form that cannot be resolved by adjusting the dose or timing.